

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mug</i>		10/22/99
O.I.P.E. CLASSIFIER	<i>CJ</i>		10-14-99
FORMALITY REVIEW	<i>CJ</i>	6A605	10-21-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	10/22/99
2	10/22/99
3	10/22/99
4	10/22/99
5	10/22/99
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Claim	Date
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If more than 150 claims or 10 actions  
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